

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/613,422
Filing Date	07/02/2003
First Named Inventor	Lucy m. Bull et al.
Art Unit	1797
Examiner Name	Singh, Prem C.
Attorney Docket Number	B500790

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Crowell & Moring LLP

Address PO Box 14300
Washington

City State Zip

Country

Telephone 202-624-2500 Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature *Allen H. Uzzell*

Name Allen H. Uzzell

Date 8/12/2008 Telephone 925-842-1000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/613,422
	Filing Date	07/02/2003
	First Named Inventor	Lucy m. Bull et al.
	Title	Acid Treatment of a Fischer-Tropsch Derived Hydrocarbon Stream
	Art Unit	1797
	Examiner Name	Singh, Prem C.
	Attorney Docket Number	B500790

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
E. Joseph Gess	28,510
Melissa M. Hayworth	45,774
Asaf Batelman	52,600
Deborah H. Yellin	45,904
Mary R. Bram	59,556
Allan H. Uzzell	27,602
N.N. Leach	31,776
A. S. Zavell	28,050
A. W. Klaassen	35,220
S.M. Abernathy	56,628

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☒ The address associated with Customer Number.

23911

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Crowell & Moring LLP
Address	PO Box 14300 Washington

City

State

Zip

Country

Telephone

202-624-2500

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Allen H. Uzzell</i>	Date	8/12/2008
Name	Allen H. Uzzell	Telephone	925-842-1000
Title and Company	Assistant Secretary, Chevron U.S.A. Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.